

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

8116

FILED APR 14 1950

|  |  |   |  |  |  |  |  |   |  |
|--|--|---|--|--|--|--|--|---|--|
| BIRTH NO. ....   |  | REG. DIST. NO. <u>77</u>  |  | PRIMARY REG. DIST. NO. <u>5304</u>   |  | Registrar's No. <u>92</u>  |  |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cole</u>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>  |  |  |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jefferson Township</u> c. LENGTH OF STAY (in this place) <u>20yrs</u>  |  |   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jefferson Township</u>   |  |  |  |   |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Buschs Resort</u>  |  |   |  | d. STREET ADDRESS (If rural, give location) <u>Rural 3Miles South 54Highway</u>  |  |  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) <u>Ernest Hill Rasberry</u>   |  |   |  | 4. DATE OF DEATH <u>March 31 1950</u>  |  |  |  |   |  |
| 5. SEX <u>Male</u>   |  | 6. COLOR OR RACE <u>White</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>  |  | 8. DATE OF BIRTH <u>July 14 1896</u>                                     |  |   |  |
| 9. AGE (In years last birthday) <u>53</u>  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supt Of Bulk Plant Phillips Petr.</u> |  | 11. BIRTHPLACE (State or foreign country) <u>Ringold Texas</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>                                  |  |   |  |
| 13a. FATHER'S NAME <u>J. L. Rasberry</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Mary Alice Woolery</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>Marie Rasberry</u>  |  |  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>   |  | 16. SOCIAL SECURITY NO. <u>442-0703160</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Marie Rasberry</u> ADDRESS <u>Jefferson City, Mo</u>  |  |  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  |  |   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cornary Heart Disease</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>i</u><br>DUE TO (c) <u>i</u><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>30 Minute</u><br><br><br><br><br><br><br><br><br><br><u>4201</u> |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  |  |  |   |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |  |  |  |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                              |  | 21f. HOW DID INJURY OCCUR?   |  |  |  |   |  |
| 22. I hereby certify that I attended the deceased from <u>2-16</u> , 19 <u>50</u> , to <u>3-31</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-29</u> , 19 <u>50</u> , and that death occurred at <u>10:30 P</u> m., from the causes and on the date stated above. |  |   |  |  |  |  |  |   |  |
| 23a. SIGNATURE <u>Marshall W. Kelly</u>  |  | 23b. ADDRESS <u>Jefferson City, Mo</u>  |  | 23c. DATE SIGNED <u>4/3/50</u>   |  |  |  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  | 24b. DATE <u>4-3-50</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u> |  |   |  |
| DATE REC'D BY LOCAL REG. <u>April 5-1950</u>   |  | REGISTRAR'S SIGNATURE <u>R.P. Davis MD-NR</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Bucachy</u>   |  | ADDRESS <u>Jefferson City, Mo.</u>                                       |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 14 1950

APR 21 1950

----- District File Number -----

District Health Officer No. 9,

APR 7 1950

RECEIVED

APR 28 1950

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by -----

Student Embalmer No. -----

working under my personal supervision.

Student -----

Student Embalmer

Signed -----

*Vector Buresche*

Licensed Embalmer No. -----

3701

P. O. Address -----

*Jefferson City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.